

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

Filing Office

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		1				
2		1		1			52		1				
3		1		1			53		1				
4	1		1				54		1				
5		1		1			55		1				
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13	1		1				63						
14		1		1			64						
15		1		1			65						
16	1		1				66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25	1		1				75						
26	1						76						
27		1		1			77						
28		1		1			78						
29	1		1				79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35	1		1				85						
36		1		1			86						
37		1		1			87						
38	1		1				88						
39		1		1			89						
40		1		1			90						
41		1		1			91						
42		1		1			92						
43		1		1			93						
44	1		1				94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49		1		1			99						
50		1		1			100						
TOTAL IND.	9		9				TOTAL IND.	9		9			
TOTAL DEP.		53		45			TOTAL DEP.		53		45		
TOTAL CLAIMS	9	53	9	45			TOTAL CLAIMS	9	53	9	45		